

PURCHASE SERVICE AUTHORIZATION FOR
NON-MEDICAID SERVICES (DCFS)

CLIENT NAME:		DOB:		Client ID:	
Provider		Provider ID:			
Provider Address:		Contract #:			
CASEWORKER:		PHONE #:		EMAIL:	
Case Type:	<input type="checkbox"/> PSS <input type="checkbox"/> PSC <input type="checkbox"/> SCF <input type="checkbox"/> DVS <input type="checkbox"/> TAL <input type="checkbox"/> Other:				
Parent of SCF Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reunification Goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Eligibility?	
Does the Client:	Have Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Qualify for CVR? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:			End Date:		

	Service Code	Service Description	Rate	Units	Total Units Authorized
<input type="checkbox"/>	NCA	Psychiatric Diagnostic Interview Examination, by Lic. Mental Health Therapist (Mental Health Assessment)	\$33.16	Qtr. Hour	
<input type="checkbox"/>	NPE	Psychiatric Diagnostic Interview Examination, by MD/APRN (Psychiatric Assessment)	\$33.16	Qtr. Hour	
<input type="checkbox"/>	NCN	Mental Health Assessment (Psychosocial Portion), by Non-Mental Health Therapist	\$33.16	Qtr. Hour	
<input type="checkbox"/>	NXH	Psychological Testing	\$132.44	Hour	
<input type="checkbox"/>	NXN	Neuropsychological Testing Battery	\$132.44	Hour	
<input type="checkbox"/>	NXD	Developmental Testing Extended	\$132.44	Hour	
<input type="checkbox"/>	NXB	Neurobehavioral Status Examination	\$132.44	Hour	
<input type="checkbox"/>		Domestic Violence Assessment	\$80.65	Hour	
	Service Code	Service Description	Rate	Units	# Units Auth./Month
<input type="checkbox"/>	NFC	Individual Psychotherapy	\$30.20	Qtr. Hour	
<input type="checkbox"/>	NFT	Family Psychotherapy with Client Present	\$27.19	Qtr. Hour	
<input type="checkbox"/>	NFW	Family Psychotherapy without Client Present	\$27.19	Qtr. Hour	
<input type="checkbox"/>	NGT	Group Psychotherapy – Multi-Family	\$6.33	Qtr. Hour	
<input type="checkbox"/>	NGT	Group Psychotherapy – Other than Multi-Family	\$6.33	Qtr. Hour	
<input type="checkbox"/>	NGS	Day Group Skills Support Services	\$1.26	Qtr. Hour	
<input type="checkbox"/>	NMM	Pharmacologic Management, Prescriber (MD/APRN)	\$81.01	Encounter	
<input type="checkbox"/>	NMR	Pharmacologic Management, Registered Nurse	\$40.72	Encounter	
<input type="checkbox"/>	NTI	Individual Psychotherapy	\$30.20	Qtr. Hour	
<input type="checkbox"/>		Domestic Violence Individual Therapy	\$80.65	Hour	
<input type="checkbox"/>		Domestic Violence Group Therapy	\$21.60	Hour	
<input type="checkbox"/>		Other:			

Reason for request and choosing provider? (Be specific: Is it court ordered? What questions do you want addressed? What do you hope that client will achieve?)

_____ WORKER	_____ DATE	_____ PROVIDER	_____ DATE
_____ SUPERVISOR	_____ DATE	_____ CONTRACT COORDINATOR	_____ DATE
_____ CLINICAL CONSULTANT (if applicable)	_____ DATE		

****Note to Providers:** DCFS will NOT pay for services before the start date or after the end date. Contact the referring caseworker for a new PSA. Not valid without Contract Coordinator Signature. Provider signature confirms that authorized services are acceptable and no alterations have been made to the form.